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Bib Data Sheet

CONFIRMATION NO. 2517

<b>SERIAL NUMBER</b> 10/694,120	<b>FILING OR 371(c) DATE</b> 10/27/2003 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3626	<b>ATTORNEY DOCKET NO.</b> 50086-0001	
<b>APPLICANTS</b> Carl G. Biats JR., Jefferson, OH;					
** CONTINUING DATA ***** NKS none					
** FOREIGN APPLICATIONS ***** NKS none					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 01/27/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no NKS		STATE OR COUNTRY OH	SHEETS DRAWING 3	TOTAL CLAIMS 50	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input checked="" type="checkbox"/> Allowance NKS Examiner's Signature _____ Initials _____					
<b>ADDRESS</b> 36178					
<b>TITLE</b> System and method for managing liability insurer healthcare claims					
<b>FILING FEE RECEIVED</b> 698	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		